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PRINTED: 01/05/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIAND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G	C (X3) DATE SURVEY	
		155207	B. WING		12/30/2010	
	PROVIDER OR SUPPLIER	BILITATION CENTER	1:	EET ADDRESS, CITY, STATE, ZIP CODE 201 DALY DR EW HAVEN, IN 46774	1	
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F 000	INITIAL COMMEN	TS	F 000			
	Licensure Survey. Investigation of Con Complaint IN00083	Recertification and State This visit included the mplaint IN00083726. 8726 - Substantiated. No I to the allegations were cited.				
		-		This Plan of Correction		
add reg. 1-19-11 Box 21-18-11 21-18-11	Total: 92 Census Payor Type: Medicare: 7 Medicaid: 64			executed because it is reprovisions of the state and not because New Harand not because New Harand citations listed on pastatement of deficiencies Care and Rehabilitation the alleged deficiencies of the health and safety of are they of such charact constitute substandard of limit our capability to recare. Please accept this plan of our credible allegation of	and federal law aven Care and the allegations ages 1-09 of this ages 1-09 of the residents, nor the residents, nor the residents, nor the residents age ages 1-09 of the residents age ages 1-09 of the residents ages 1-09 of this ages 1-09	
	Sample: 19		:	RECEIVEI)	
:	accordance with 410		: : : :	JAN 18 2011		
F 253 SS=C	Quality review 1/04/ 483.15(h)(2) HOUSI MAINTENANCE SE		F 253	LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF H	IEALTH	
ABORATORY	ODIRECTOR'S OR PROVIDE	ENSUPPLIER REPRESENTATIVE'S SIGNA	ATURE	HEH.	(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 01/05/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 155207 12/30/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1201 DALY DR NEW HAVEN CARE & REHABILITATION CENTER** NEW HAVEN, IN 46774 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 253 Continued From page 1 F 253 The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. 1) F-253 SS = C; 483.15(h)(2)Housekeeping & Maintenance Services This REQUIREMENT is not met as evidenced The facility must provide housekeeping and Based on observation, record review and maintenance services necessary to maintain interview, the facility failed to ensure cleanliness a sanitary, orderly, and comfortable interior. of the resident shower room for 1 of 2 shower rooms observed, and failed to ensure 1 of 1 a) What corrective action(s) will be medical storage room observed was clean and free of dust and dirt, the storage container for ice accomplished for those residents found scoops for 1 of 2 ice machines was clean and to have been affected by the deficient free of paper and debris and that 1 of 1 popcorn practice? machine was clean. This deficient practice had the potential to affect 92 of 92 residents residing The housekeeping and activity staff were in the facility. re-educated on the cleaning schedules Findings include: related to environment in regards to the shower room, ice scoop container, central During the environmental tour with the supply room, and popcorn machine by Maintenance Director, Housekeeping Supervisor the Housekeeping Laundry/ Activities and Health Facility Administrator on 12/28/10 at 9:30 a.m., the following was observed: Directors by 01/14/10. 9:40 a.m. - The shower stall in the North shower b) How will other residents having the room had a small scrap of paper and feces on the potential to be affected by the same floor drain. The Housekeeping Director, at that deficient practice be identified and what time, indicated the rooms are cleaned daily. At 10:00 a.m., the Health Facility Administrator, after corrective action(s) will be taken? speaking with staff, indicated there were two

showers given that morning but no one was

9:45 a.m. - The popcorn machine located in the

North hall lounge was dismantled and had a large amount of popcorn kernels in the lower trap with the collection trap removed. Two grease covered

aware of feces being on the floor.

No residents residing in the facility were

affected at the time of the observation.

The center staff cleaned the popcorn

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMR NO. 0	938-039		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			- }	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SUR COMPLETE		
		155207	B. WI	NG _		12/30/2	12/30/2010	
NAME OF PROVIDER OR SUPPLIER NEW HAVEN CARE & REHABILITATION CENTER				1	REET ADDRESS, CITY, STATE, ZIP CODE 1201 DALY DR NEW HAVEN, IN 46774			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΙX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
	and grease was cover the machine. The Hat time, indicated in machine and had mon 12/28/10 at 4:55. Director indicated that she made poper machine was hot an She further indicated it today yet. 10:30 a.m The over medical supplies, ne build up of dirt and disurfaces. An open be were observed sitting contained 20 plus rowith no covering or limit 10:45 a.m The ice the South hall had bis bottom of the contained 20 plus rowith no covering or limit 10:45 a.m The ice the South hall had bis bottom of the contained 20 plus rowith no covering or limit 10:45 a.m The ice the South hall had bis bottom of the contained and a blank infection for the cleaning of should do not be contained and a blank infection for the cleaning of should be contained and a blank infection for the cleaning of should be contained and a blank infection for the cleaning of should be contained and a blank infection for the cleaning of should be contained and a blank infection for the cleaning of should be contained and a blank infection for the cleaning of should be contained and a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained and a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as a blank infection for the cleaning of should be contained as	re laying inside the machine vering the inside surfaces of Housekeeping Supervisor, at the Activities Director uses the ade popcorn the other day. p.m., the Housekeeping e Activity Director indicated orn the other day and the d she had to wait to clean it. If she hadn't gotten around to erflow storage room for ar the kitchen, had a large ust covering the entire floor fox of unpackaged kerlix rolls g on a shelf. The box las of kerlix rolls (dressing) d. machine scoop container on the soft paper and liquid on the ner with an ice scoop inside. p.m., the Facility Corporate undated cleaning schedules control log. The schedule owers indicated it was to be edule did not list the duties of Assistants (CNA) following	F	253	machine, shower rooms, or room, and the ice scoop coobservation on 12/28/10. c) What measures will be produced what systematic changes we ensure that the deficient progrecur? Environmental Director, Director/Designee will contimes a week times 2 week weekly times 2 weeks them months to ensure that the central supply room, the produced machine and ice scoop conclean. These audits will be monthly Performance Implementations.	ontainer upon out into place of ill be made to actice does not Activity aduct rounds as, then bi- a weekly time shower room oopcorn atainers are e reviewed in provement	or t 4 s 4 s 4	

3.1-19(f)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S COMPL	
		155207	B. WING _		12/3	C 30/2010
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	PERSONS/PER (The services provided	ERVICES BY QUALIFIED CARE PLAN ided or arranged by the facility by qualified persons in each resident's written plan of	F 282	d) How will the corremonitored to ensure the will not recur, i.e. what program will be put in	ne deficient prac at quality assura ato place; and by	etice nce
;	This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to obtain blood sugars as ordered by the physician for 2 of 5 residents reviewed for obtaining blood sugars in a total sample of 19. (Resident #8, Resident #24). The facility further failed to administer sliding scale insulin coverage per physician order for 1 of 5 residents reviewed for sliding scale coverage in a total sample of 19 (Resident #24). Findings include: 1. Resident #8's record was reviewed on 12/27/2010 at 11:10 a.m. Resident #8's diagnoses included but were not limited to, diabetes, depression and high blood pressure.			date the systemic char- completed? Environmental Director/Designee witimes a week times 2 weekly times 2 weeks months to ensure that central supply room, machine and ice scoop	rector, Activity will conduct rounds 4 2 weeks, then bi- ks then weekly times 4 hat the shower rooms, n, the popcorn oop containers are will be reviewed in the	
	time period of 11/2 Accuchecks (blood obtained at 6 a.m. summary further in initially given on 3/ A review of the Me Records and Blood November and De blood sugar checks	n's order summary dated for the 9/2010 to 12/31/2010 indicated I sugar checks) were to be daily. The physician's order ndicated this order had been 1/1/2010. dication Administration I Glucose Tracking Forms for cember 2010 did not indicate is had been completed on 11/2, 11/20, 11/24, 12/18, 12/19		By what date will the completed? Date of c		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		155207	B. WING	B. WING		30/2010	
NAME OF PROVIDER OR SUPPLIER NEW HAVEN CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 DALY DR NEW HAVEN, IN 46774				
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F 282	and 12/24. A review of the nurs	se's notes did not indicate the	F 28	F 282 483.20(k)(3)(ii			
	In an interview on 1 #1 indicated blood s ly on the Medication the Blood Glucose indicated if the blood charted, they probal In an interview on 12 # 3 indicated there we checks, but it was no record. A review of the blood available logs for me	2/27/2010 at 12:40 p.m. LPN vas a log book for blood sugar of a part of the permanent d sugar log book revealed no both of November and did not		QUALIFIED PERSON/PER CARE PLAN What corrective action(s) will be accomplished for those residents foun have been affected by the deficient process. The nursing staff were re-educate the documentation of blood glucose medication administration record at following the physician orders for a coverage by the DNS/ADNS by 01/1			
	indicate blood sugar checks were completed on 12/18, 12/19, and 12/24. In an interview on 12/30/2010 at 12:30 p.m., the Director of Nursing indicated she could find no documentation that the blood sugar checks had been completed. 2 A. Resident #24's record was reviewed on 12/29/2010 at 1:25 p.m. Resident #24's diagnoses included but were not limited to diabetes, depression, and anemia. A current physician's order summary dated for the time period of 11/29/2010 to 12/31/2010 indicated Accuchecks (blood sugar checks) were to be obtained before each meal and at bedtime daily. The physician's order summary further indicated this order had been initially given on 3/17/2010.			How will you identify of the potential to be affect deficient practice and what will be taken?	ed by the same	e	
			:	2. Resident's who resid and require blood suga their sugar levels have affected by the alleged were no significant med noted at the time of the	r monitoring the potential t practice. Thei dication error	of to be re	
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<u> </u>	TO TOT MEDIONICE	- G WEDIO/ ND OLITOIO				OND NO. 0000-000
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		IPLE CONSTRUCTION	(X3) DATE SURVEY . COMPLETED
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NAME OF PROVIDER OR SUPPLIER NEW HAVEN CARE & REHABILITATION CENTER			1	12	REET ADDRESS, CITY, STATE, ZIP CODE 201 DALY DR IEW HAVEN, IN 46774	12/30/2010
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F 282	Continued From pa	ge 5	F 2	282		
	Records and Blood November and Dec blood sugar checks 11/11 at 11 a.m., 11 p.m. In an interview on 12 #1 indicated blood s ly on the Medication the Blood Glucose 1 indicated if the blood charted, they probat In an interview on 12 # 3 indicated there w checks, but it was not record. A review of the blood available logs for mo indicate blood sugar 12/26. In an interview on 12 Director of Nursing in documentation that t been completed. 2 B. A current physic for the time period of indicated Novolin R is administered per slid sugar check results a given 2 units, 151-20 201- 250 should be g should be given 8 un	2/27/2010 at 12:40 p.m. LPN vas a log book for blood sugar of a part of the permanent d sugar log book revealed no onth of November and did not checks were completed on 1/30/2010 at 12:30 p.m., the endicated she could find no he blood sugar checks had 1/29/2010 to 12/31/2010			What measures will be put intwhat systemic changes you wensure that the deficient pract recur? 3. The Director of Nursing Managers or designees we Medication Administrat times a week for the nex bi-weekly times 2 weeks times 4 months to ensure with documentation of be monitoring and following orders for any insulin condition of Director of Nursing will audits at the next month Performance Committee any further recommends.	vill make to cice does not y. Unit will audit the cion record 4 t 2 weeks then then weekly e compliance clood glucose g physician overage. The review the ally e Meeting for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE S	ETED
		155207		6	12/3	C 30/2010
NAME OF PROVIDER OR SUPPLIER NEW HAVEN CARE & REHABILITATION CENTER		Ş	STREET ADDRESS, CITY, STATE, ZIP CO 1201 DALY DR NEW HAVEN, IN 46774	DDE		
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	given on 3/17/2010 A review of the Med Records and Blood November and Ded sliding scale coveration the following data the blood sugar obtains of insulin coverage should be sugar obtained was 117. Should have been go blood sugar obtained insulin coverage should have been go blood sugar obtained insulin coverage should have been go blood sugar obtained insulin coverage should have been go blood sugar obtained insulin coverage should have been go blood sugar obtained insulin coverage should be sugar obtained insulin on the Medication Afurther indicated if the charted, it probably the sugar of the s	dication Administration Glucose Tracking Forms for cember 2010 did not indicate age had been given as ordered es and times, 11/11 at 7 a.m., ained was 122. Two units of could have been given. On 12/9 sugar obtained was 109. coverage should have been 7 a.m., the blood sugar Two units of insulin coverage iven. 12/25 at 8 p.m., the d was 120. Two units of could have been given. 2/27/2010 at 12:32 p.m. LPN coverage was charted on ly dministration Record. She me insulin coverage was not	F 28	How the corrective action monitored to ensure the cowill not recur? 4. The Director of Nursi Managers or designees Medication Administrate a week for the next 2we times 2 weeks then week to ensure compliance who of blood glucose monito physician orders for any The Director of Nursing audits at the next month Committee Meeting for recommendations. By what date will the sy completed? Date of continuous completed?	ing, Unit will audit the tion record 4 eks then bi-v kly times 4 m ith document ring and follo y insulin cove g will review hly Performa any further	times veekly conths tation owing erage. the nce
F 514 SS=D	3.1-35(g)(2) 483.75(I)(1) RES RECORDS-COMPL LE	ETE/ACCURATE/ACCESSIB	F 514	.; 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY
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	resident in accordar standards and practacurately documer systematically organ. The clinical record r information to identify resident's assessment services provided; the preadmission screet and progress notes. This REQUIREMENT by: Based on interview a failed to document be residents reviewed from a sample of 19. (If Findings include: Resident #8's record at 11:10 a.m. Resident were not limited to high blood pressure. A current physician's time period of 11/29/Accuchecks (blood sobtained at 6 a.m. das summary further indinitially given on 3/17	eintain clinical records on each note with accepted professional tices that are complete; nted; readily accessible; and nized. must contain sufficient fy the resident; a record of the ents; the plan of care and ne results of any ning conducted by the State; T is not met as evidenced and record review, the facility lood sugar results for 1 of 5 or blood sugar documentation Resident #8) was reviewed on 12/27/2010 ent #8's diagnoses included, to, diabetes, depression and order summary dated for the 2010 to 12/31/2010 indicated ugar checks) were to be nily. The physician's order icated this order had been 1/2010.	F 5		F 514 Records Complete/Accurate/Ac What corrective action(s accomplished for those is have been affected by the state of the documentation of being on the Med no negative outcomes A Record, and following is for any coverage by the 01/15/10. How will you identify out the potential to be affected deficient practice and while will be taken? 2. Resident's who resident require blood is their sugar levels have affected by the a There were no significant process and their sugar levels have affected by the arter of the record of the	s) will be residents found the deficient properties of the propert	ed on 8 had n ders by having e action lity, ring of tial to ce. ation
		cation Administration Slucose Tracking Forms for not indicate blood sugar					

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	12/5, 12/15, 12/17, A review of the nurs	ompleted on 12/2, 12/3, 12/4, 12/22, and 12/23. se's notes did not indicate the d to have her blood sugars		w w	That measures will be put in hat systemic changes you wasure that the deficient pracecur?	will make to	
	checked.	a to have not blood bagain		2	The Discoston of Namein	a Ilnit	
	In an interview on 12/27/2010 at 12:32 p.m., LPN #1 indicated blood sugar checks were charted only on the Medication Administration Record or on the Blood Glucose Tracking Form. In an interview on 12/27/2010 at 12:40 p.m., LPN # 3 indicated there was a log book for blood sugar			3.	3. The Director of Nursing, Unit Managers or designees will audit the Medication Administration record 4 times a week for the next 4 weeks to ensure compliance with documentation of blood glucose monitoring and following physician		
	record. A review of the blood blood sugar checks 12/3, 12/4, 12/5, 12/	d sugar log book indicated were completed on 12/2, 15, 12/17, 12/22 and 12/23, anscribed to the permanent ecord.			orders for any insulin or Director of Nursing will audits at the next mont. Performance Committee any further recommend	I review the hly ee Meeting for lations.	
	On 12/27/2010 at 12:40 p.m. LPN #3 indicated blood sugar checks should have been transcribed from the log book onto the Medication Administration Record.			How the corrective actions will be monitored to ensure the deficient practi will not recur?			
	In an interview on 12 Regional Director of the facility did not hat blood sugar checks.	/29/2010 at 1:25 p.m., the Clinical Operations indicated ve a policy for documenting It was understood the d be completed on the	Marin augusta	4. Ma Me a w con glu phy The	The Director of Nursing, anagers or designees will edication Administration week for the next 4 weeks upliance with documenta cose monitoring and followsician orders for any insee Director of Nursing will lits at the next monthly Pumittee Meeting for any	audit the record 4 times to ensure ition of blood owing ulin coverage. I review the erformance	

recommendations.

February 10, 2011

RECEIVED



FEB 1 0 2011

Brenda Mcredith
Public Health Nurse Supervisor
Division of Long Term Care
2 North Meridian St.
Indianapolis, Indiana 46204

LONG TERM CARE DIVISION
INDIANA STATE DEPARTMENT OF HEALTH

Ms Meredith,

REQUESTED ADDENDUM TO 2567 REQU3ESTING DESK REVIEW .

F282 F514

Dear Brenda:

Listed below is the addendum to support the POC for the 2567 for our facility. In question were responses to the above listed tags.

F 282 483.20(k) (ii) SERVICES BY QUALIFIED PERSON/PER CARE PLAN

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

1. The nursing staff were re-educated on the documentation of blood glucose on the medication administration record and following the physician orders for any documentation by the DNS/ADNS by 01/15/11.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

2. Resident's who reside at the facility, and require blood sugar monitoring of their sugar levels have the potential to be affected by the alleged deficient practice. All residents' receiving accuchecks for blood sugar monitoring were reviewed to ensure accuchecks were documented. There was no significant medication errors noted at the time of the survey or during audit of accuchecks for residents' in-house, with 1 out of 2 residents documentation of insulin coverage not documented as given.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

3. The Director of Nursing, Unit Managers or designees will audit the medication administration record daily times 4 weeks, bi-weekly times 4 weeks, and monthly thereafter times 4 months to ensure compliance with documentation of blood glucose monitoring and following physicians orders for any insulin coverage. The Director of Nursing will review the audits at the next monthly Performance Committee Meeting for any further recommendations if needed.

NEW HAVEN

CARE AND REHABILITATION CENTER 1201 Data Drive, NRW HAVEN, IN 46774 TELEPHONE (260) 749 0413(260) 749 2534 WWW.SUNBRIDGETEALTHCARE, COM

2/14/11 2/14/11



Caring is the Key in Life

How the corrective actions will be monitored to ensure the deficient practice will not recur.

4. The Director of Nursing, Unit Managers or designees will audit the medication administration record daily times 4 weeks, bi-weekly times 4 weeks, and monthly thereafter times 4 months to ensure compliance with documentation of blood glucose monitoring, insulin coverage given and following physicians orders for any insulin coverage. The Director of Nursing will review the audits at the next monthly Performance Committee Meeting for any further recommendations if needed.

Residents' are documented on by exception, and each individual resident is monitored independently by there physician for insulin coverage, with orders independent.

Monitoring will be conducted for a period of no less than Six (6) months on all deficiencies referenced in the 2567 for New Haven Care and Rehabilitation.

chnitt RN DNS

Respectfully Submitted:

Kris Schmitt R.N./D.N.S